

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

33791

4487

BIRTH NO. ....		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY				c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY			
d. FULL NAME OF HOSPITAL OR INSTITUTION 52ND & MAIN STREET				d. STREET ADDRESS (If rural, give location) 401 WEST 67TH STREET TERRACE			
3. NAME OF DECEASED (Type or Print) DOLORES		a. (First) RENNAE		b. (Middle) WOODARD		c. (Last)	
4. DATE OF DEATH		(Month) OCT.		(Day) 21		(Year) 1950	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH JAN. 25, 1944	
9. AGE (In years last birthday) 6		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		10b. KIND OF BUSINESS OR INDUSTRY 1ST GRADE BORDER STAR		11. BIRTHPLACE (State or foreign country) KANSAS CITY, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME ERNEST WOODARD		13b. MOTHER'S MAIDEN NAME ELSIE MAE Mc HONE		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ERNEST WOODARD 401-W-67TH AVE K.C. MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock & Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple fractures of Skull DUE TO (c) 2 automobiles 3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 123		21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 52nd & Main		21b. CITY, TOWN, OR TOWNSHIP KANSAS CITY		21c. (COUNTY) JACKSON		21d. (STATE) MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 10-21-50 1:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile accident			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:50 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Geo. C. Kealhofer (Degree or title) Geo. C. Kealhofer M.D. Deputy Registrar				23b. ADDRESS 4050 Broadway K.C. MO		23c. DATE SIGNED 10-22-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 24-50		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM		24d. LOCATION (City, town, or county) KANSAS CITY (State) MO	
DATE REC'D BY LOCAL REG. 10-24-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer's Sons 1331 BRUSH CREEK BLVD. KANSAS CITY, MO			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Charles H. Stickney*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4560

P. O. Address 156 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.